POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr	62614	10/13/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.S	J 86	11·3 00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim (Final / Original)	Date 6/29/02	8/19/02	1/29/03
1	÷	✔	✔
3	÷	✔	O
4	÷	O	✔
5	÷	O	✔
6	÷	O	✔
7	÷	✔	=
8	÷	✔	=
9	÷	✔	=
10	÷	O	=
11	÷	O	=
12	÷	O	=
13	÷	N	N
14	÷	N	N
15	÷	N	N
16	÷	N	N
17	÷	N	N
18	÷	N	N
19	÷	N	N
20	÷	N	N
21	÷	N	N
22	÷	✔	✔
23	÷	O	✔
24	÷	O	O
25	÷	O	O
26	÷	=	=
27	÷	✔	=
28	÷	✔	=
29	÷	N	N
30	÷	N	N
31			✔
32			✔

(Claims 33–50 blank; claims 51–100 blank; claims 101–150 blank)

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)